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BIB DATA SHEET

CONFIRMATION NO. 3166

SERIAL NUM	/IBER FILING O			CLASS		GR	GROUP ART UNIT			ATTORNEY DOCKET	
10/749,10)2	12/30/2			417		3626		5909A (112713-1157)		
		RUL	E								
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** CONTINUING DATA ***********************************											
** FOREIGN APPLICATIONS ************************************											
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/11/2004											
Foreign Priority claimed Yes No 35 USC 119(a-d) conditions met Yes No Verified and /KRISTINE K RAPILLO/ Acknowledged Examiner's Signature			☐ Met af Allowa	fter ance	STATE OR COUNTRY WI	DRAWINGS CLA		TOT. CLAII	MS	INDEPENDENT CLAIMS 3	
ADDRESS											
BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES											
TITLE											
System and method for notification and escalation of medical data											
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:						☐ All Fees				
FILING FEE RECEIVED 1584							☐ 1.16 Fees (Filing)				
							☐ 1.17 Fees (Processing Ext. of time)				
							☐ 1.18 Fees (Issue)				
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